

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/24/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WASHINGTON HOUSE ASSISTED LIVING

Received 11/15/16

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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R 000 Initial Comments

An annual survey was conducted from August 23, 2016, through August 24, 2016, to determine compliance with the Assisted Living Law "DC Code § 44-101.01." The Assisted Living Residence (ALR) provides care for five (5) residents and employs three (3) employees that include professional and administrative staff. The sample size included five (5) resident records and four (4) employee records. The findings of the survey were based on observations, record reviews, and interviews.

Please Note: Listed below are abbreviations used throughout the body of this report.

ALA -- Assisted Living Administrator
ALR -- Assisted Living Residence
ISP -- Individual Support Plan
RN -- Registered Nurse

R 008 Sec. 102b2 Philosophy of Care

(2) The design of services and environment should acknowledge that a significant number of residents may have some form of cognitive impairment. Services and environment should offer a balance between choice and safety in the least restrictive setting. Based on observation and interview, the ALR failed to ensure sufficient safeguards were in place to prevent potential harm, for five (5) of five (5) five residents in the sample. (Residents #1, #2, #3, #4, #5)

The finding includes:

Observation of the facility, on August 23, 2016, starting at 2:00 p.m., revealed that all the upstairs windows in residents bedrooms and all windows

R 000

Roofs

① Safety locks have been installed on 10 of 12 windows
Safety locks will be installed on the two remaining windows, 10-5-16 11-21-16

② Safety locks will be installed on all windows 10-5-16 11-21-16

③ ALA will monitor all windows quarterly to ensure safety locks are functioning properly on going

R 008

Health Regulation & Licensing Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

0099

BIY811

Mary Elmer 11-15-16

If continuation sheet 1 of 4

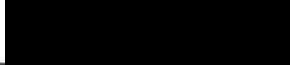
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R 008 Continued From page 1

in common areas did not have safety locks.

During an interview with the ALA on August 23, 2016, at 2:15 p.m., she indicated that she would purchase window safety locks and have them installed on all windows, as soon as possible.

R 008

R483-

① Resident #4's Tsp was updated to include wound care service provided

8-24-16

R 483 Sec. 604d Individualized Service Plans

(d) The ISP shall be reviewed 30 days after admission and at least every 6 months thereafter. The ISP shall be updated more frequently if there is a significant change in the resident's condition. The resident and, if necessary, the surrogate shall be invited to participate in each reassessment. The review shall be conducted by an interdisciplinary team that includes the resident's healthcare practitioner, the resident, the resident's surrogate, if necessary, and the ALR.

Based on observation, interview, and record review, the ALA failed to ensure an ISP was updated with a significant change for one (1) of one (1) resident's in the sample with a significant change. [Resident #4]

The findings include:

An observation on August 23, 2016, at 1:30 p.m., revealed that Resident #4 had a dressing on his/her right foot.

Interview with the ALA on the same day at 1:40 p.m., revealed that Resident #4 had been receiving wound care from Kaiser starting on June 20, 2016. The ALA also indicated that she was taught by the Kaiser nurse to provide the wound care.

R 483

② all Resident's Tsp's were reviewed and, no other residents were affected by this citation

8-24-16

③ Tsp's will be monitored by the nurse monthly ongoing to ensure all appropriate information is included on Tsp's

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R 483 Continued From page 2

Record review on August 23, 2016, at 2:30 p.m., revealed an ISP dated February 10, 2016, that lacked documented evidence it had been updated with the significant change of wound care to the right foot. It should also be noted the facility did not have a wound care policy.

Interview with the RN on August 24, 2016, revealed that she would contact Kaiser to ensure wound care services are being provided by their nursing staff. The RN also indicated that she would update the ISP with the significant change of wound care to the right foot and develop a wound care policy.

R 961 Sec. 1002 1 Fire Safety.

(1) An ALR shall be in compliance with Chapter 22, New Residential Board and Care Occupancies, Life Safety Code of the National Fire Protection Association; and Based on observation and interview, the ALR failed to follow the Life Safety Code of the National Fire Protection Association.

The findings include:

On August 23, 2016 at 10:30 a.m., review of the facility's fire drill reports from August 2015 through August 2016, the reports lacked documented evidence that fire drills had been conducted on the night shift.

Interview with the ALA on August 23, 2016, at 10:50 a.m., revealed that she would start conducting fire drills on the night shift going forward.

R 483

R 961

R 961

① fire drill log sheets have been created for The ALA to ~~utilize~~ ^{ensure} utilize to keep Record of evidence that ~~fire~~ when fire drills were conducted

② the nurse will monitor fire drill logs monthly to ensure fire drills are conducted on all shifts to include night shift

ongoing

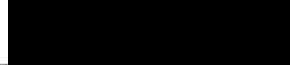
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R 981 Continued From page 3

R 981 Sec. 1004a General Building Interior

(a) An ALR shall ensure that the interior of its facility including walls, ceilings, doors, windows, equipment, and fixtures are maintained structurally sound, sanitary, and in good repair. Based on observation and interview, the ALR failed to ensure a ceiling was in good repair.

The finding includes:

An observation of the facility on August 23, 2016, starting at 2:00 p.m., revealed the ceiling above the stairwell had missing plaster.

Interview with the ALA on August 23, 2016, at 2:10 p.m., revealed that the plaster would be repaired, as soon as possible.

R 981

R 981

R 981

8-26-16

① the ceiling was repaired
② A/A will monitor the ongoing facility monthly for any needed repairs.